

Good morning, Chairmen Weisz and Lee and members of the Joint Technical Corrections Committee. My name is Dr Nizar Wehbi and I am the North Dakota State Health Officer. I am here to provide information on House bill 1510.

Of public health concern, is that this bill appears to limit public health actions that extend to COVID-19 and other vaccine preventable diseases. The bill would not allow employers, schools, childcares, correctional facilities, congregate living facilities, long term care and health care facilities to treat vaccinated and unvaccinated people differently after an exposure to a disease. So close contacts to communicable diseases such as COVID-19, measles, Ebola, would need to be treated the same regardless of vaccination status. An example would be a health care facility may not be able to exclude a susceptible health care worker after an exposure to measles because the bill would not allow vaccinated and unvaccinated people to be treated differently.

Another example would be if a restaurant worker was diagnosed with hepatitis A, which can be spread through contaminated food, and other employees were exposed. Vaccinated contacts would be protected against hepatitis A and would not need quarantine. Unvaccinated close contacts are supposed to be excluded from work for 30 days since exposure. Because a restaurant owner cannot treat vaccinated and unvaccinated employees differently, the owner would have to make a decision to exclude all exposed employees or to let them all work, regardless of vaccination status.

This bill also limits the ability for businesses, group homes, correctional facilities, and the health care industry to choose to offer the safest work environment for its employees and the safest environment for customers, residents and patients. Of major concern is the risk to patients who may be receiving care and are susceptible to infections and at increased risk for complications from infections.

The bill eliminates basic tools used to reduce the risk of disease transmission, especially in health care settings and congregate living settings. These are:

1. The ability to require vaccinations
2. The ability to assess vaccination status
3. The ability to assess or test for immune status
4. The ability to assess post-recovery status.

These tools are basic preventive health principles that form the basis for policies that are used routinely for:

1. Preventing disease, disability and death through vaccination
2. Testing for immunity for hepatitis B after vaccination
3. Checking new employees for immunity against measles, varicella or hepatitis B
4. Checking employees for previous exposure to tuberculosis
5. Evaluating individuals for occupationally acquired infections such as hepatitis B, hepatitis C, tuberculosis, Human immunodeficiency virus and others.

In conclusion, this bill limits the ability of business, sports teams, long term care facilities, congregate care facilities, corrections, and health care facilities to operate in a manner that maximizes the safety of patients, residents, staff, and health care providers. It may also limit institutions of higher education in implementing policies that reduce the risk for serious disease on campuses. These limitations do not extend only to vaccinations but also to the ability to develop policies that could exempt vaccinated people from being excluded from work or school.

I would be happy to answer questions at this time.